



# PETITION FOR SURVEY AND REASSESSMENT - REAL AND PERSONAL PROPERTY PARTIALLY OR TOTALLY DESTROYED BY DISASTER

State Form 17592 (R3 / 10-01)

Prescribed by the Department of Local Government Finance

FORM 137R

FOR OFFICE USE ONLY

Return Petition To:

**DEPARTMENT OF LOCAL GOVERNMENT FINANCE**  
100 North Senate Avenue, Room N1058  
Indianapolis, Indiana 46204

Pursuant to IC 6-1.1-4-11, the undersigned hereby petitions the Department of Local Government Finance for a survey and reassessment of improvements and personal property described below. (*Description must match legal description on Tax Bill Duplicate.*)

Name of taxpayer ( <i>first, middle, last</i> )			Address of taxpayer ( <i>number and street, city, state, ZIP code</i> )		
Date of disaster ( <i>month, day, year</i> )			Kind of disaster		
County			Township		Parcel number
Section	Township	Range	Lot number	Block	Addition
Location of property destroyed ( <i>number and street or Rural Route, city, ZIP code</i> )					

*Do not complete unless Reassessment ordered.*

## REAL PROPERTY REASSESSMENT

TYPE OF STRUCTURE	ASSESSED VALUE OF IMPROVEMENTS	PERCENT OF DAMAGE	DATE	REASSESSMENT (TOWNSHIP ASSESSOR)
	\$			\$
TOTAL				

*Do not complete unless Reassessment ordered.*

## PERSONAL PROPERTY REASSESSMENT

TYPE OF PROPERTY	ASSESSED VALUE	PERCENT OF DAMAGE	DATE	REASSESSMENT (TOWNSHIP ASSESSOR)
	\$			\$

## AFFIDAVIT

*I, under oath, hereby declare that the statements contained in this petition are true and correct and constitute the basis for the survey and reassessment.*

Signature of taxpayer		Date signed ( <i>mo., day, yr.</i> )
Signature of Assessor	Type or print name	Date signed ( <i>mo., day, yr.</i> )

## DEPARTMENT OF LOCAL GOVERNMENT FINANCE ACTION

Surveyor	Date of survey	Ordered reassessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ordered reassessed
Remarks:			

**DISTRIBUTION:** White - Department of Local Government Finance; Canary - Township Assessor; Pink - Taxpayer